

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

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**FOREIGN PROFIT/NONPROFIT CORPORATION  
REWIRED SOLUTIONS, INC.**

Certificate of Status	0
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2017 JUN 12 PM 12:00

TALLAHASSEE, FLORIDA  
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JUN 13 2017  
J. HARRIS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**Rewired Solutions, Inc.**

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware** 3. **47-2533591**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **December 12, 2014** 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. **December 12, 2014**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1680 Fruitville Rd., Suite 210, Sarasota FL 34236**  
(Principal office address)

(Current mailing address, if different)

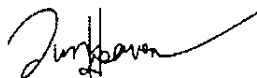
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Timothy Hearon**  
Office Address: **1680 Fruitville Road, Suite 201**  
**Sarasota**, Florida **34236**  
(City) (Zip code)

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**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**Chairman: n/a

Address: \_\_\_\_\_

Vice Chairman: n/a

Address: \_\_\_\_\_

Director: Timothy HearonAddress: 1680 Fruitville Rd., Ste. 210Sarasota, FL 34236Director: Jeff BartlingAddress: 1680 Fruitville Rd., Ste. 210Sarasota, FL 34236**B. OFFICERS**President: Timothy HearonAddress: 1680 Fruitville Rd., Ste. 201Sarasota, FL 34236

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Tim Hearon, President/CEO

(Typed or printed name and capacity of person signing application)

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**ADDENDUM**

**ADDITIONAL DIRECTORS OF REWIRED SOLUTIONS, INC.**

Charles Rateliff  
1680 Fruitville Rd., Ste. 210  
Sarasota, FL 34236

Gary Miles  
1680 Fruitville Rd., Ste. 210  
Sarasota, FL 34236

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REWIRED SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6431475 8300

SR# 20174695575

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202690597

Date: 06-12-17